



**NOMINATION FORM – Election Year 2016 –
FOC (FINANCIAL OVERSIGHT COMMITTEE) ONLY**

To: The CMANA Returning Officers

I, _____, a
fully paid member of CMANA residing at:

Address Line1: _____

Address Line2: _____

Phone: _____ Email address: _____

hereby nominate the following fully paid member(s) of CMANA:

[A] Position	[B] Name	[C] Elect <input type="checkbox"/> ALL or <input type="checkbox"/> NONE	[D] Signature of Nominee (accepting the nomination)
FOC Member #1		<input type="checkbox"/> YES <input type="checkbox"/> NO	
FOC Member #2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
FOC Member #3		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Notes:

- (1) If the Nominee wishes to run as slate, he/she should strike out "NO" under the COLUMN [c].
- (2) The nominees contact details are to be furnished in the continuation sheet on the next page.
- (3) All entries shall be legible.
- (4) This form may be photocopied as needed.

Sincerely,

_____ (Signed)

NOMINATION FORM – Election Year 2016 – FOC ONLY (Contd.)

I, _____, a fully paid member of CMANA
residing at:

Address Line1: _____

Address Line2: _____

Phone: _____ Email address: _____

hereby second the above nomination(s).

Sincerely,

_____ (Signed)

Nominee's Contact Details

[A] Name	[B] Residential address	[C] Phone: No.	[D] E-mail address